



State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

June 30, 2020

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 20-0034: SUPPORT ACT – MANDATORY BENEFIT FOR SCHIP

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting the enclosed Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) 20-0034 for your review and approval. This SPA proposes to provide assurances related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act by making behavioral health coverage a mandatory benefit for the separate CHIP population. DHCS seeks a retroactive effective date of October 24, 2019, for this SPA.

The passage of the SUPPORT Act (P. L. 115-271), on October 24, 2018, among other things, strengthens behavioral health coverage for children and pregnant women eligible through CHIP. Section 5022 of the SUPPORT Act amends Section 2103(c)(5) of the Social Security Act (the Act) to make behavioral health coverage a required benefit for CHIP.

In compliance with the policy set forth by the American Recovery and Reinvestment Act of 2009, DHCS notified Indian Health Programs (IHPs) and Urban Indian Organizations of CHIP SPA 20-0034. On May 21, 2020, CMS approved DHCS' rationale that no tribal consultation was needed for CHIP SPA 20-0034.

In addition to this letter, enclosed, please find:

- Amended CHIP SPA Template Sections
- CMS 179 Form detailing the SPA changes
- CMS Approval for No-Tribal-Notice Request
- Bright Futures Periodicity Schedule

Mr. James G. Scott  
Page 2  
June 30, 2020

- Medication Assisted Treatment Toolkit for Counselors
- List of Medi-Cal Assessments and Screenings

If you have any questions or need additional information, please contact Sandra Williams, Chief, Medi-Cal Eligibility Division, by phone at (916) 552-9200 or via email at [Sandra.Williams@dhcs.ca.gov](mailto:Sandra.Williams@dhcs.ca.gov).

Sincerely,



Jacey Cooper  
Chief Deputy Director  
Health Care Programs  
State Medicaid Director

Enclosures

cc: René Mollow, MSN, RN  
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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 34

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XXI of Social Security Act (CHIP)

TO: REGIONAL ADMINISTRATOR

CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/24/2019

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Section 457 et al.; 2103(c)(5) of the Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Sections 6.2; 6.3; 6.4  
(see CHIP SPA Template attached)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Sections 6.2; 6.3; 6.4

10. SUBJECT OF AMENDMENT

This proposed amendment demonstrates compliance to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

June 30, 2020

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

**6.2-BH Behavioral Health Coverage** Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

**6.2.1- BH Periodicity Schedule** The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- ☐ State-developed schedule
- ☒ American Academy of Pediatrics/ Bright Futures
- ☐ Other Nationally recognized periodicity schedule (please specify: )
- ☐ Other (please describe: )

**CA RESPONSE:**

This periodicity schedule applies to all four CHIP populations, including prenatal visits if needed or requested. California does not offer CHIP pregnancy related-coverage, but instead provides an unborn option which is viewed as prenatal care.

POPULATION 1 – CCHIP

POPULATION 2 – Lower Income Unborn Option

POPULATION 3 – MCAP

POPULATION 4 – MCAIP

**6.3- BH Covered Benefits** Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

**6.3.1- BH** ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

**6.3.1.1- BH** ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

**CA RESPONSE:**

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits, including behavioral health screening and assessment, can be exceeded if medically necessary.

CA does not have a CHIP pregnancy coverage group, but as it relates to the MCAP/Unborn Option, the state requires MCPs to adhere to the current edition of the United States Preventive Services Task Force (USPSTF) grade “A” and “B” recommendations, providing preventative screening, testing, and counseling services.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

**6.3.1.2- BH** ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

**CA RESPONSE:**

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits, including behavioral health screening and assessment, can be exceeded if medically necessary. California implemented the Bright Futures guidelines and tools including:

- M-CHAT-R/F tool for Autism Spectrum Disorder.
- Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT) is recommended as the standard screening tool for Tobacco, Alcohol, and other drug use.

CA does not have a CHIP pregnancy coverage group, but as it relates to the MCAP/Unborn Option, the state requires the use of a validated depression screening tool for individuals who are pregnant or postpartum such as:

- Patient Health Questionnaire (PHQ-9)
- Edinburgh Postnatal Depression Scale (EPDS)
- Beck Depression Inventory (BDI)

**6.3.2- BH** ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

**6.3.2.1- BH** ☒ Psychosocial treatment  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

CA RESPONSE:

Behavioral health services are provided as follows:

Mental Health:

Non-Specialty Mental Health Services (SMHS): The amount, duration, and scope of services provided is based on medical necessity.

Psychotherapy – Individual/Group: The amount, duration, and scope of services provided is based on medical necessity.

SMHS

Mental Health Services/Therapy: The amount, duration, and scope of services provided is based on medical necessity.

SUDS:

Drug Medi-Cal (DMC)/ DMC-ODS

Narcotic Treatment Program Individual/Group Counseling: The amount, duration, and scope of services provided is based on medical necessity.

Drug Free Individual/Group Counseling: The amount, duration, and scope of services provided is based on medical necessity.

**6.3.2.2- BH** ☒ Tobacco cessation  
Provided for: ☒ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. For individuals in Populations 2 and 3 that do not receive EPSDT benefits, tobacco cessation services are provided as follows:

Managed Care Plans (MCPs) are responsible for providing substance use disorder preventative services for tobacco cessation when provided by a network provider acting within their scope of practice. MCP contracts are required to provide all preventive services identified as United States Preventive Services Task Force (USPSTF) grade “A” and “B” recommendations. The amount, duration, and scope of this benefit must be based on medical necessity and must be determined by or under the supervision of a physician.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

**6.3.2.3- BH** ☒ Medication Assisted Treatment  
Provided for: ☒ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. As part of its [MAT Expansion Project](#), DHCS provides a MAT Toolkit to counselors that outlines the benefits provided through MAT for Opioid Use Disorder and Alcohol Use Disorder. DHCS also provides resources for families through the MAT Expansion Project that include guidance related to MAT, Peer-to-Peer support, and other video trainings/resources.

**6.3.2.3.1- BH** ☒ Opioid Use Disorder

CA RESPONSE:

For individuals in Populations 2 and 3 that do not receive EPSDT benefits, Opioid Use Disorder is treated with, MAT – including Buprenorphine, Naltrexone, and Methadone. DHCS provides toolkits to providers and families to help with this treatment. The amount, duration, and scope of this benefit must be based on medical necessity.

**6.3.2.3.2- BH** ☒ Alcohol Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. For individuals in Populations 2 and 3 that do not receive EPSDT benefits, Alcohol Use Disorder is more often not treated with MAT, but with an outpatient or residential treatment program.

Receipt of MAT services are based on medical necessity which includes the use of Disulfiram, Naltrexone, and Acamprosate. DHCS classified Alcohol Misuse Screening and Counseling (AMSC) as a SUD benefit. This benefit provides for one (1) full screen and three (3) brief

interventions per year to be provided and reimbursed. This limit is based on recommendation from the USPSTF that three brief interventions are the most effective at reducing alcohol abuse in adults when conducted in the primary care setting. This limit can be exceeded if medically necessary.

**6.3.2.3.3- BH** ☒ Other

**CA RESPONSE:**

For individuals in Populations 2 and 3 that do not receive EPSDT benefits, additional MAT is provided (ASAM OTP Level 1).

**6.3.2.4- BH** ☒ Peer Support  
Provided for: ☐ Mental Health ☒ Substance Use Disorder

**CA RESPONSE:**

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

For individuals in Populations 2 and 3 that do not receive EPSDT benefits, DMC-ODS Waiver Special Terms and Conditions (STCs) Section 138 allows coverage of peer-to-peer substance abuse assistance services as a component of recovery services. If a county chooses to offer peer support services through the DMC-ODS, the county must submit a training plan to DHCS. This training plan includes the amount, duration, and scope of the services which must be specified in the client's plan.

The plan for the individual may include ongoing recovery and relapse prevention that was developed during discharge planning when treatment was completed.

**6.3.2.5- BH** ☒ Caregiver Support  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

**CA RESPONSE:**

CA provides [Caregiver Recourse Centers](#) (CRCs) to serve as a point of entry to services available to caregiving families in every county of California. While each center tailors its services to its geographic area, all CRCs have a core component of programs that provide information, education and support for caregivers, including; Advice/Assistance, Family Care Planning, Respite Care, Short-term Counseling, Support Groups, Training, Legal/Financial Assistance, and Education.

**6.3.2.6- BH** ☒ Respite Care  
Provided for: ☒ Mental Health ☒ Substance Use Disorder



CA RESPONSE:

California provides respite care through Home and Community Based Services (HCBS) waivers.

The individual may receive these home- and community-based services as long as they are medically necessary, cost-neutral, and he/she meets the nursing facility or acute hospital level of care.

**6.3.2.7- BH** ☒ Intensive in-home services  
Provided for: ☒ Mental Health ☐ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. For individuals in Populations 2 and 3 that do not receive EPSDT benefits, Intensive Home-Based Services (IHBS) are SMHS offered through county-based Mental Health Plans.

IHBS services are provided according to an individualized treatment plan developed in accordance with the CA's Integrated Core Practice Model (ICPM) in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to individuals under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria.

**6.3.2.8- BH** ☒ Intensive outpatient  
Provided for: ☐ Mental Health ☒ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

Intensive outpatient services are SUDS benefits provided through DMC, that are offered at least three (3) hours per day, three (3) days per week. The amount, duration, and scope of this benefit must be based on medical necessity.

The DMC-ODS services also include intensive outpatient benefits (ASAM Level 2.1). Structured programming services are provided to individuals a minimum of nine hours with a maximum of nineteen hours a week for adults, and a minimum of six hours with a maximum of nineteen hours a week for adolescents. The amount, duration, and scope of this benefit must be based on medical necessity.

**6.3.2.9- BH** ☒ Psychosocial rehabilitation  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

MCPs cover most acute, primary and specialty care, pharmacy, and some long-term services and supports (MLTSS). In addition to MCP-covered MLTSS services, California provides long-term care services through Home and Community Based Services (HCBS) waivers. The Social Security Act lists specific services that may be provided in HCBS programs, including psychosocial rehabilitation.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

**6.3.3- BH** ☒ Day Treatment  
Provided for: ☒ Mental Health ☐ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. Day treatment services are SMHS offered through the County Mental Health Plans. Services are available for at least three hours, but less than 24 hours each day the program is open. The amount, duration, and scope of this benefit must be based on medical necessity.

**6.3.3.1- BH** ☒ Partial Hospitalization  
Provided for: ☐ Mental Health ☒ Substance Use Disorder

CA RESPONSE:

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. For individuals in Populations 2 and 3 that do not receive EPSDT benefits, partial hospitalization services are SUDs benefits offered through the DMC-ODS (ASAM Level 2.5). Services feature twenty or more hours of clinically intensive programming per week. The amount, duration, and scope of this benefit must be based on medical necessity.

**6.3.4- BH** ☒ Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

Guidance: If applicable, please clarify any differences within the residential

treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

**6.3.4.1- BH** ☒ Residential Treatment  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

**CA RESPONSE:**

For individuals in Populations 2 and 3 that do not receive full EPSDT benefits, residential treatment services are also available.

**Mental Health:**

The county MHPs provide outpatient SMHS in the least restrictive community-based settings to promote appropriate and timely access to care for individuals, which include Adult Residential Treatment services and Crisis Residential services.

**SUDs:**

DMC provides perinatal individuals residential treatment for the duration of their pregnancy and 60 days postpartum.

DMC-ODS residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to individuals with a substance use disorder diagnosis (ASAM Level 3.1, 3.3, 3.5). Residential treatment services are provided in a continuum of care as per the five (5) levels of ASAM residential treatment levels.

- Adolescents – up to two 30-day periods, with a one-time 30-day extension in a 365-day period;
- Perinatal individuals for the duration of their pregnancy and 60 days postpartum.

**6.3.4.2- BH** ☒ Detoxification  
Provided for: ☒ Substance Use Disorder

**CA RESPONSE:**

For individuals in Populations 2 and 3 that do not receive full EPSDT benefits, detoxification services are also available.

MCPs may provide voluntary inpatient detoxification (VID) services if medical necessity criteria have been met.

DMC-ODS services include Opioid treatment Programs (OTP) and NTPs, The duration of this benefit extends 21 consecutive days.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

**6.3.5- BH** ☒ Emergency services  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary. All individuals enrolled in Medi-Cal plans (including CHIP populations) receive Emergency Services for mental health services and SUDs.

**6.3.5.1- BH** ☒ Crisis Intervention and Stabilization  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

Mental Health:

County MHPs provide outpatient SMHS in the least restrictive community-based settings to promote appropriate and timely access to care for individuals, which include Crisis Intervention/Stabilization services. Crisis Stabilization in an Emergency Room must be provided onsite at a licensed 24-hour health care facility, as part of a hospital-based outpatient program, certified by the state to perform crisis stabilization. Guidelines for urgent care follow the same as emergency room care.

SUDs:

Crisis Intervention outpatient services are made available through DMC-ODS (ASAM Level Criteria), including MAT services when needed. Service duration limits depend on ASAM Level.

**6.3.6- BH** ☒ Continuing care services  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

California statutes require MCPs to provide continuity of care to individuals with certain complex conditions. MCPs are required to allow the services and/or treatment to continue for up to 12 months with the individual's current provider if certain criteria are met, even if the provider is out-of-network. As such, DHCS adopted SMHS and SUD continuity of care policies consistent with the requirements in place for MCPs, to include:

- The individual has access to services consistent with the access they previously had, and is permitted to retain their current provider for a period of time if that provider is not in county's network, subject to certain conditions; and
- The individual is referred to appropriate providers of services that are in the network.

**6.3.7- BH** ☒ Care Coordination  
Provided for: ☒ Mental Health ☐ Substance Use Disorder

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

**SMHS:**

Intensive Care Coordination is a SMHS offered through Mental Health Plans for children and youth under the age of 21.

**6.3.7.1- BH** ☐ Intensive wraparound  
Provided for: ☐ Mental Health ☐ Substance Use Disorder

For the populations that have EPSDT provided, the state assures that amount, duration, and scope limitations associated with its benefits can be exceeded if medically necessary.

Intensive Wraparound is not a distinct service provided by MHPs. The Plans provide Intensive Care Coordination (ICC) and Targeted Case Management. ICC is used to access support and ‘wrap’ around subscribers.

**6.3.7.2- BH** ☒ Care transition services  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

**CA RESPONSE**

**SMHS:**

Individuals who meet medical necessity criteria for SMHS have the right to request continuity of care. Individuals with pre-existing provider relationships who make a continuity of care request to the county MHP must be given the option to continue treatment for up to 12 months with an out-of-network SMHS provider or a terminated network provider.

**SUDs:**

DMC-ODS will allow an individual to continue receiving covered DMC-ODS service(s) with an out-of-network provider when their assessment determines that, in the absence of continued services, the individual would suffer serious detriment to their health or be at risk of hospitalization or institutionalization. DMC-ODS treatment services with the existing provider shall continue for a period of no more than ninety (90) days unless medical necessity requires the services to continue for a longer period of time, not exceeding 12 months.

**6.3.8- BH** ☒ Case Management  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

**CA RESPONSE:**

Case management (CM) is covered benefit for all MCPs. There is also targeted CM available for certain populations, in addition to the CM/TCM specific to SMHS.

**SUDS:**

DMC-ODS provides case management services to assist individuals in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

**SMHS:**

Targeted case management is a SMHS that assists an individual in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure access to services and the service delivery system; monitoring of the individual's progress, placement services, and plan development.

**6.3.9- BH** ☐ Other  
Provided for: ☐ Mental Health ☐ Substance Use Disorder

**6.4- BH Assessment Tools**

**6.4.1- BH** Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

- ☒ ASAM Criteria (American Society Addiction Medicine)  
☐ Mental Health ☐ Substance Use Disorders
- ☐ InterQual  
☐ Mental Health ☐ Substance Use Disorders
- ☐ MCG Care Guidelines  
☐ Mental Health ☐ Substance Use Disorders
- ☐ CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)  
☐ Mental Health ☐ Substance Use Disorders
- ☐ CASII (Child and Adolescent Service Intensity Instrument)  
☐ Mental Health ☐ Substance Use Disorders
- ☒ CANS (Child and Adolescent Needs and Strengths)  
☒ Mental Health ☐ Substance Use Disorders
- ☒ State-specific criteria (e.g. state law or policies) (please describe)

☒ Mental Health ☒ Substance Use Disorders

CA Response:

Please see Attached List of Medi-Cal Assessments and Screenings.

☐ Plan-specific criteria (please describe)  
☐ Mental Health ☐ Substance Use Disorders

☒ Other (please describe)  
☐ Mental Health ☐ Substance Use Disorders

CA Response:

California also selected the Pediatric Symptom Checklist (PSC-35) to measure child and youth functioning. PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. Parents/caregivers will complete PSC-35 (parent/caregiver version) for children and youth ages 4 up to age 18.

☐ No specific criteria or tools are required  
☐ Mental Health ☐ Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

**6.4.2- BH** ☒ Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

CA Response: DHCS issues Information Notices informing all MHPs and other providers of any policy changes, required tools and criteria needed to facilitate the use of the designated assessment tools.

**6.2.5- BH Covered Benefits** The State assures the following related to the provision of behavioral health benefits in CHIP:

☒ All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

☒ The state will provide all behavioral health benefits consistent with 42 CFR 457.495

to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.